

RECORDS TRANSMITTAL AND RECEIPT		Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on		PAGE 1	OF PAGES
1. TO <i>(Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)</i>			5. FROM <i>(Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address)</i>		
Federal Records Center					
2. AGENCY TRANSFER AUTHORIZATION		TRANSFERRING AGENCY OFFICIAL <i>(Signature and title)</i>	DATE		
3. AGENCY CONTACT		TRANSFERRING AGENCY LIAISON OFFICIAL <i>(Name, office and telephone no.)</i>			
4. RECORDS CENTER RECEIPT		RECORDS RECEIVED BY <i>(Signature and title)</i>	DATE		

Fold Line

RECORDS DATA												
ACCESSION NUMBER			VOLUME <i>(cu. ft.)</i>	AGENCY BOX NUMBER	SERIES DESCRIPTION <i>(With inclusive dates of records)</i>	RESTRICTED <i>(g)</i>	DISPOSAL AUTHORITY <i>(Schedule and item number)</i>	DISPOSAL DATE <i>(i)</i>	COMPLETED BY RECORDS CENTER			
RG <i>(a)</i>	FY <i>(b)</i>	NUMBER <i>(c)</i>							LOCATION <i>(j)</i>	SHELF PLAN <i>(k)</i>	CONT. TYPE <i>(l)</i>	AUTO. DISP. <i>(m)</i>

RECORDS TRANSMITTAL AND RECEIPT (Continuation)				This form is to continue listing of Records Data when space on SF 135 is not adequate. Instructions for completion of SF 135 apply.		TRANSFERRING AGENCY'S NAME		DATE		PAGE		OF	
										PAGES			
ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and item number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER				
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	